

Special Formula Change Request Form

WIC-392

Purpose: To change or correct a Special Formula Shipping Request Form (396) submitted to the Distribution Center. The Special Formula Change Request Form (392) can only be use to increase the formula quantity for a previously submitted Special Formula Shipping Request Form (396) or to correct the formula name so that it matches the Crossroads food benefit issuance.

Reference: FDS 03.2.2

Procedure: Complete the form as follows:

1. **Original Order Date & Food Issuance** – Enter the previously submitted order date and food benefit issuance number.
2. **Participant ID** – Enter the original participant ID number.
3. **Site Code** – Enter the state assigned Crossroads local agency site number.
4. **Local Site Name** – Enter the local site name form the original special formula order request.
5. **Participant Name, Client ID** – Enter the participant name and ID as listed on the original special formula order request.
6. **Contact Person** – Enter the name of the site contact person
7. **Telephone Number** – Enter the telephone number of the contact person at the site.
8. **Name** – Enter the name of the delivery to person or local agency building name.
9. **Address, City, State, Zip** – Enter the address information from the original special formula order.
10. Check box if for delivery to local agency or participant home.
11. **Product Name** – Enter name of special formula
12. Enter the form of special formula (concentrate, powder, ready to feed).
13. **Quantity** – Enter the total quantity of formula requesting.
14. **Size** – Enter the container size of special formula.
15. **Food Benefit Issuance #** - Enter the correct food benefit issuance number issued for the special formula.
16. **First Date / Last Date** – Enter the first date to spend and the last date to spend for the food benefits issuance.

(Original Order Must Be Less Than One Day)

CHANGE FORMULA ORDER

Special Formula Change Request Form

Virginia WIC Program

Original Order Date: _____

Original Food Issuance #: _____

Participant ID: _____

Order Date:

Participant and Local Agency Information		Shipping Information				
Site Code (4 digit):		Name :				
Local Site Name:		Address:				
Participant Name:		City:				
Client ID:		State:		Zip:		
Contact Person:		To Site/Room/Apt/Lot.:				
Telephone Number:		Attn:				
		Delivery to: <input type="checkbox"/> Local Agency <input type="checkbox"/> Participant Home				
*Required Information.						
*Product Name: (One item per order form)		*Conc., RTF, Pwd. Pudding	*Quantity Cans / Bottles	*Container Size	Flavor Packet Type	Pudding Flavor
*Issued Food Benefit #:				*First Date to Spend	*Last Date To Spend	
<div style="text-align: right;"><u>For Ware House Use Only</u></div>						